

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
FORM OP-1(P)
APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY

Approved by OMB
2125-0568
Expires 04/30/01

This application is for all individuals and businesses requesting authority to operate as motor passenger common or contract carriers.

FOR FMCSA USE ONLY	
Docket No. MC-	_____
Filed	_____
Fee No.	_____
CC Approval No.	_____

SECTION I

**Applicant
Information**

Do you now have authority from or an application being processed by the former ICC, now FMCSA. <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, identify the lead docket number(s) _____				
LEGAL BUSINESS NAME				
DOING BUSINESS AS NAME				
BUSINESS ADDRESS				
_____ (_____) _____				
Street Name and Number		City	State	Zip Code Telephone Number
MAILING ADDRESS (If different from above)				

Street Name and Number		City	State	Zip Code
REPRESENTATIVE (Person who can respond to inquiries)				

Name and title, position, or relationship to applicant				

Street Name and Number		City	State	Zip Code
Telephone Number (_____) _____		FAX Number (_____) _____		
U.S. DOT Number (If available; if not, see Instructions.) _____				
FORM OF BUSINESS (Check only one.)				
<input type="checkbox"/> Corporation	State of Incorporation _____			
<input type="checkbox"/> Sole Proprietorship	Name of Individual _____			
<input type="checkbox"/> Partnership	Identify Partners _____			

SECTION II

Type of Authority

You must submit a filing fee for each type of authority requested (for each box checked).	
<input type="checkbox"/>	MOTOR PASSENGER COMMON CARRIER
<input type="checkbox"/>	MOTOR PASSENGER CONTRACT CARRIER

SECTION III

**Insurance
Information**

All motor passenger carrier applicants must maintain public liability insurance. The amounts in parentheses represent the minimum amount of coverage required.

Applicant will use vehicles with seating capacities of (check only one box):

- ☐ 16 passengers or more (\$5,000,000)
☐ 15 passengers or fewer only (\$1,500,000)

SECTION IV

**Safety
Certification**

APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS - If you are subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal motor carrier safety regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

☐ YES

EXEMPT APPLICANTS - If you are exempt from Federal Motor Carrier Safety Regulations, you must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable state and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

☐ YES

SECTION V**Compliance
Certification**

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.

☐ YES

SECTION VI**Government
Funding
Status**

Specify the nature of governmental financial assistance you receive, if any, by checking the appropriate box below. (Check only one box.)

- ☐ Public recipient - Applicant is any of the following: any state; any municipality or other political subdivision of a state; any public agency or instrumentality of such entities of one or more states; an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- ☐ Private recipient - Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease, or operation of any bus.
- ☐ Non-recipient - Applicant is not receiving, or using equipment acquired with, governmental financial assistance.

Public Interest Criteria: Regular route applicants and private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

Public Recipient Applicants: All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- (1) No motor common carrier of passengers (other than a motor common carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- (2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be provided on a separate sheet of paper attached to this application.

Fitness Only Criteria: No additional evidence is needed from non-recipient applicants for charter and special transportation and applicants for contract carrier operations.

SECTION VII

Scope of
Operating
Authority

- (1) ☐ **Charter and special** transportation, in interstate or foreign commerce, between points in the United States.
- (2) ☐ Service as a common carrier over **regular routes**. (Regular route passenger carrier authority to perform regularly scheduled service only over named roads or highways.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.
- Applicants requesting authority to operate over regular routes - On a separate sheet of paper attached to the application, describe the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (3) ☐ **Intrastate authority**
- (a) Are you also requesting **intrastate authority** to provide the service described in item 2?
☐ YES ☐ NO
- (b) Do you already hold **interstate authority** to provide the service described above?
☐ YES ☐ NO
- (c) If you responded "YES" to 3(b) (*i.e.*, if you already hold interstate authority to provide this service), was the authority issued on or before November 19, 1982?
☐ YES ☐ NO
- If you responded "YES" to 3(c), you must attach to your application a copy of the interstate authority or authorities issued on before November 19, 1982, authorizing the transportation of passengers on the routes over which you request intrastate authority. You must mark the envelope and the application in the upper right corner of the front page "90-Day Intrastate Passenger Application."
- NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate authority on the same routes. Also, no carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route.

SECTION VII

Scope of
Operating
Authority (cont.)

- (4) ☐ Service as a **contract carrier** between points in the United States, under continuing contract(s) with persons or organizations requiring passenger transportation service;

or

- ☐ Service as a **contract carrier** between points in the United States, under continuing contract(s) with:

—

Contracting persons or organizations

As a contract carrier, I will: (Check the box(es) indicating how you will meet the statutory requirements for contract carriage.)

- (a) ☐ Furnish the transportation service through the assignment of motor vehicles for a continuing period of time for the exclusive use of each group or organization served;
- (b) ☐ Furnish the transportation service designed to meet the distinct needs of each group, organization, or class of groups or organizations. Describe briefly the distinct need(s) below and/or introduce supplemental supporting evidence to identify service needs corresponding to the operations proposed.

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- (5) ☐ Alternative Service Descriptions

If you request authority that is not covered by items 1-4 above, (*i.e.*, authority to operate in specific territories not identified in the service options previously set forth), describe in the space below.

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This service description takes into account the applicant's operational capacity, is responsive to applicant's present and prospective service interest, is not unduly restrictive, and is consistent with the purposes of the Interstate Commerce Act. Certify by checking:

☐ YES

SECTION VIII**Affiliations**

AFFILIATION WITH OTHER FORMER ICC, NOW FMCSA-LICENSED ENTITIES. Disclose any relationship you have or have had with any other former ICC, now FMCSA-licensed entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

SECTION IX**Applicant's
Oath**

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, _____, verify under penalty of
Name and title

perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or state offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Finally, I certify that applicant is not domiciled in Mexico or owned or controlled by persons of that country. (Note: This portion of Applicant's Oath does not pertain to Mexican passenger carriers seeking to provide charter and tour bus service across the United States - Mexico international border.)

Signature _____ Date _____

**Filing Fee
Information**

All applicants must submit a filing fee for each type of authority requested. The enclosed fee schedule will show the appropriate filing fee. The total amount due is equal to the fee times the number of boxes checked in **Section II**. Fees for multiple authorities may be combined in a single payment.

Total number of boxes checked in **Section II**: _____ x filing fee \$_____ = \$_____

INDICATE AMOUNT \$_____ AND METHOD OF PAYMENT

☐ CHECK or ☐ MONEY ORDER, payable to: **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**

☐ VISA ☐ MASTERCARD

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Fee Policy

- Filing fees must be payable to the **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**, by check drawn upon funds deposited in a bank in the United States or money order payable in U.S. currency or by approved credit card.
- Separate fees are required for each **type of authority** requested. If applicant requests multiple types of permanent authority on one application form (for example, common and contract carrier authority) or if applicant submits more than one form in the OP-1 Series in a single filing, multiple fees are required. The applicant may submit a single payment for the sum of the applicable fees.
- Filing fees must be sent, along with the original and one copy of the application, to **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**, P. O. Box 100147, Atlanta, GA, 30384-0147. **For express mail only:** Nationsbank Wholesale Lockbox 100147, 6000 Feldwood Road, 3rd Floor East, College Park, GA 30349. **For credit card only:** FMCSA, Licensing and Insurance Division, Suite 600, 400 Virginia Avenue, S.W., Washington, D.C., 20024.
- After an application is received, the filing fee is not refundable.
- The FMCSA reserves the right to discontinue processing any application for which a check is returned because of insufficient funds. The application will not be processed until the fee is paid in full.

PAPERWORK BURDEN. It is estimated that an average of 2 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to both the **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**, Licensing and Insurance Division, Suite 600, 400 Virginia Avenue, S.W., Washington, DC 20024, and to the Office of Management and Budget, Office of Information and Regulatory Affairs (OMB No. 3120-0047), Washington, DC 20403.